

Case Number:	CM15-0007889		
Date Assigned:	01/23/2015	Date of Injury:	06/23/2014
Decision Date:	03/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male who reported an injury on 06/23/2014 due to his right middle finger becoming trapped between a bar and a machine. On 12/02/2014, he presented for an evaluation. He was noted to be status pinning of his finger on 06/23/2014 with subsequent removal 1 month later. He had undergone 15 sessions of postoperative hand therapy and was reportedly in a hand therapy program. Examination showed pain in the right middle finger that was constant with grasping and gripping and deformity of the tip of the finger. He had a healed skin graft in the ulnar aspect of the pulp and the scarred narrow appearance of the distal phalanx. There was tenderness throughout and range of motion was noted to be decreased and associated with pain. The treatment plan was for occupational therapy 2 times a week for 6 weeks for the right hand to address the injured worker's remaining deficits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Occupational Therapy 2 times a week for 6 weeks for the Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): (s) 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: While it is noted that the injured worker had undergone surgery to the right hand, the postoperative pain rehabilitation period timeframe has passed. Therefore, chronic pain management guidelines are being used. The CA MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right hand following surgery. He had reportedly been treated with 15 postoperative physical therapy sessions. However, there is a lack of documentation regarding his response to those sessions in terms of pain relief and objective improvement in function to support that physical therapy should be a treatment option. Also, the number of requested sessions exceeds the guideline recommendation. There were no exceptional factors noted to support exceeding the guidelines, and therefore, the request would not be supported. As such, the request is not medically necessary.